PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/521723

		CLAIMS A:	- Column)		(Column 2)		_	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			(COIGITAL)	· · · · · ·	(00.0		ŗ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	370.00		BASIC FEE	740.00
							F		370.00	OH	3A3.0 1 EE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		L	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				ı	+140=		OR	+280=	-
* If	the difference	in column 1 is	less than zero, enter "0" i			olumn 2	L	TOTAL		OR	TOTAL	
Ja CLAIMS AS AMENDED - PART II								!			OTHER	THAN
	13/16	(Column 1)	(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	, . !	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. [[Minus	·· 20	<u>)</u>	=	Ī	X\$ 9=	7 62.62	OR	X\$18=	, 55
	Independent	• 3	Minus	*** (5	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JETIPLE DEF	ENDEN	CLAIM		ſ	+140=.		OR	+280=	
								TOTAL DDIT, FEE		OR	TOTAL	·
<i> </i> }	1315	(Column 1) (Column 2) (Column 3)									ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	Г		ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO PAID	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* //	Minus	0	20	= /	Γ	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	5 CLAIM	-		X42=		OR	X84=	
	THOTFICSE		CHELL DEF	ENDEN	CLAIN		Γ	+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING		HIGH		PRESENT	Γ		ADDI-			ADDI-
	چىن نە ئالىرى نە	AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	F			1		
۷	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		\vdash	X42=		OR	X84=	
+140= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		ber Previously Pai					foun	d in the app	ropriate box	in col	umn 1.	